


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000053264 1. Entity Name MALEANA MANN, INC.	
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FILED
 08 OCT -3 PM 2:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 490 BRIDGEPORT COURT JACKSONVILLE, FL 32218	Mailing Address 490 BRIDGEPORT COURT JACKSONVILLE, FL 32218
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2. Principal Place of Business - No P.O. Box # 85405 Alene Road Suite, Apt. #, etc.	3. Mailing Address 85405 Alene Road Suite, Apt. #, etc.
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07212008 Chg-P CR2E034 (12/06)

City & State YULEE, FL	City & State YULEE, FL	4. FEI Number 05-0571413	Applied For Not Applicable
Zip 32097	Country US	Zip 32097	Country US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MANN, MALEANA B 490 BRIDGEPORT COURT JACKSONVILLE, FL 32218	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 85405 Alene Road City YULEE FL Zip Code 32097
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Maleana Mann DATE 9-30-08

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME	PTD MANN, MALEANA B <input type="checkbox"/> Delete
STREET ADDRESS	490 BRIDGEPORT COURT
CITY - ST - ZIP	JACKSONVILLE, FL 32218
TITLE NAME	SVP MANN, TIMOTHY D <input type="checkbox"/> Delete
STREET ADDRESS	490 BRIDGEPORT COURT
CITY - ST - ZIP	JACKSONVILLE, FL 32211
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	85405 Alene Road
CITY - ST - ZIP	YULEE, FL 32097
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	85405 Alene Road
CITY - ST - ZIP	Yulee, FL 32097
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	000136609800
CITY - ST - ZIP	10/03/08--01045--012 ***150.00
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maleana Mann DATE 9-30-08 (904)236-2410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #